| PLAN OF CORRECTION (POC) IDENTIFICATION N  |  |  |   | (X2) MULTIPLE CONSTRUCTION:  A. BLDG:00  B. WING:   |   | (X3) DATE SURVEY COMPLETED: 06/22/2023   |  |
|--|--|--|---|---|---|--|--|
| NAME OF PROVIDER OR SUPPLIER: PENN HIGHLANDS MON VALLEY STATE LICENSE NUMBER: 137001   |  | STREET ADDRESS, CITY, STATE, ZIP CODE: 1163 COUNTRY CLUB ROAD MONONGAHELA, PA 15063  |   |   |   |  |  |
|  |  |  | ID<br>PREFIX TAG  | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE  CX5) COMPLET DATE  |   | COMPLETE   |  |
| This report is the result of a special monitoring survey conducted on June 22, 2023. The facility attestations for the following were reviewed:  Varicose Vein Treatment RF and Cyanoacrylate C2 (Coronary) Shockwave  AmWell Telemedicine Platform (Telemedicine Cart/Tablet)  Addition of Craniotomies to Neurosurgery  It was determined the facility was in compliance with applicable requirements of the Pennsylvania Department of Health's Rules and Regulations for |  | cility d: rylate icine liance with vania tions for   | P 0000  |   |   |  |  |
| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  |  |  |   |   | (X6) DATE:  |  |  |
|  | WIDER OR SUPPLIER: CHLANDS MON VALLEY E NUMBER: 137001  SUMMARY STATEMENT MUST BE PRECEDDIDENTE  INITIAL COMMENT  INITIAL COMMENT  This report is the resul survey conducted on Juntestations for the foll Varicose Vein Treatmed C2 (Coronary) Shocky AmWell Telemedicines Cart/Tablet)  Addition of Craniotoms  It was determined the state applicable requirer Department of Health Hospitals, 28 Pa Code, November 1987, as an | IDENTIFICATION NUMBER 390147  WIDER OR SUPPLIER: CHLANDS MON VALLEY E NUMBER: 137001  SUMMARY STATEMENT OF DEFICIENCIES (EACH DE MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)  INITIAL COMMENT  This report is the result of a special monitor survey conducted on June 22, 2023. The far attestations for the following were reviewed Varicose Vein Treatment RF and Cyanoac C2 (Coronary) Shockwave  AmWell Telemedicine Platform (Telemedic Cart/Tablet)  Addition of Craniotomies to Neurosurgery  It was determined the facility was in compute applicable requirements of the Pennsyl' Department of Health 's Rules and Regula Hospitals, 28 Pa Code, Part IV, Subparts A November 1987, as amended June 1998. | This report is the result of a special monitoring survey conducted on June 22, 2023. The facility attestations for the following were reviewed:  Varicose Vein Treatment RF and Cyanoacrylate C2 (Coronary) Shockwave AmWell Telemedicine Platform (Telemedicine Cart/Tablet) Addition of Craniotomies to Neurosurgery  It was determined the facility was in compliance with the applicable requirements of the Pennsylvania Department of Health's Rules and Regulations for Hospitals, 28 Pa Code, Part IV, Subparts A and B, November 1987, as amended June 1998. | This report is the result of a special monitoring survey conducted on June 22, 2023. The facility attestations for the following were reviewed:  Varicose Vein Treatment RF and Cyanoacrylate C2 (Coronary) Shockwave  AmWell Telemedicine Platform (Telemedicine Cart/Tablet)  Addition of Craniotomies to Neurosurgery  It was determined the facility was in compliance with the applicable requirements of the Pennsylvania Department of Health's Rules and Regulations for Hospitals, 28 Pa Code, Part IV, Subparts A and B, November 1987, as amended June 1998. | A BLOG 90 B WING WING WING BROWN SUPPLIER.  WINDER OR SUPPLIER.  HILANDS MON VALLEY IIG COUNTRY CLUB ROAD MONONGAHELA, PA 15063  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  This report is the result of a special monitoring survey conducted on June 22, 2023. The facility attestations for the following were reviewed:  Varicose Vein Treatment RF and Cyanoacrylate C2 (Coronary) Shockwave AmWell Telemedicine Platform (Telemedicine Cart/Tablet)  Addition of Craniotomies to Neurosurgery  It was determined the facility was in compliance with the applicable requirements of the Pennsylvania Department of Health's Rules and Regulations for Hospitals, 28 Pa Code, Part IV, Subparts A and B, November 1987, as amended June 1998. | This report is the result of a special monitoring survey conducted on June 22, 2023. The facility attestations for the following were reviewed: Varicose Vein Treatment RF and Cyanoacrylate C2 (Coronary) Shockwave AmWell Telemedicine Platform (Telemedicine Cart/Tablet) Addition of Craniotomies to Neurosurgery  It was determined the facility was in compliance with the applicable requirements of the Pennsylvania Department of Health's Rules and Regulations for Hospitals, 28 Pa Code, Part IV, Subparts A and B, November 1987, as amended June 1998. |  |

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## **Certified End Page**

## PENN HIGHLANDS MON VALLEY

STATE LICENSE NUMBER: 137001 SURVEY EXIT DATE: 06/22/2023

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeane Parisi

Deputy Secretary for Quality Assurance

fearre Janie

Debra L. Bogu MD

Debra L. Bogen, MD, FAAP Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

## PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY